

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6803170

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
MICHAEL CARL SMITH	07/08/2021
RECEIVING PARTY DATA	
Name:	CHERYL GWEN SMITH
Street Address:	1211 STONEY POINT LANE
City:	FRANKLIN
State/Country:	TENNESSEE
Postal Code:	37067
PROPERTY NUMBERS Total: 4	
Property Type	Number
Patent Number:	7575018
Patent Number:	8292281
Patent Number:	8430116
Patent Number:	9080587
CORRESPONDENCE DATA	
Fax Number:	(615)242-2221
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	615-242-2400
Email:	mak@iplawgroup.com
Correspondent Name:	MARK A. KILGORE
Address Line 1:	1600 DIVISION ST.
Address Line 2:	SUITE 500
Address Line 4:	NASHVILLE, TENNESSEE 37203
ATTORNEY DOCKET NUMBER:	20959-020210
NAME OF SUBMITTER:	MARK A. KILGORE
SIGNATURE:	/Mark A. Kilgore, Reg No. 75,994/
DATE SIGNED:	07/08/2021
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 11	

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ASSIGNMENT

In consideration of the payment of one (\$1.00) dollar, and for other good and valuable consideration, the receipt of which is hereby acknowledged, **THE ESTATE OF MICHAEL CARL SMITH** ("Assignor") assigns to **CHERYL GWEN SMITH** of Franklin, Tennessee ("Assignee") its entire right, title, and interest in and to the patents listed below (collectively, "Inventions"):

<u>Patent No.</u>	<u>Issue Date</u>
7,575,018	August 18, 2009
8,292,281	October 23, 2012
8,430,116	April 30, 2013
9,080,587	July 14, 2015

And in any and all patents, reissue patents, certificates of inventorship, design registrations, utility models, and the like, that may be granted in the U.S. or in any foreign country with respect to the Inventions and improvements thereto and in any applications, including continuations, continuations-in-part, or divisions, that may be filed with respect to the Invention, or improvements thereto.


Assignor represents and warrants that it has not transferred, licensed, and/or assigned any interest in the Inventions to anyone other than Assignee, and that it has not entered into any contract, assignment, or license conveying any right granted to Assignee hereunder, or that would otherwise conflict with this Assignment.

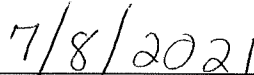
Assignor represents and warrants that it has not publicly used or disclosed the Invention, and he has not previously sold or offered to sell the Invention.

Assignor will, without additional charge to Assignee but at Assignee's expense, cooperate with and assist Assignee such that Assignee may realize and fully enjoy all the rights assigned hereunder, including the preparation and execution of all papers needed by Assignee, and providing such information and assistance as may reasonably be required by Assignee in any administrative or legal proceeding to obtain or protect such rights.

This Assignment and each of its terms shall be binding on Assignor, and its representatives, heirs and assigns, and shall inure to the benefit of Assignee, its successors, and assigns.

THE ESTATE OF MICHAEL CARL SMITH


Cheryl Gwen Smith, Executor


Date

COPY

THIS INSTRUMENT PREPARED BY:
G. PHILIP ANDERSON
5110 Maryland Way
Suite 120
Brentwood, TN 37027
615/377-9370

LAST WILL AND TESTAMENT

OF

MICHAEL CARL SMITH

I, **MICHAEL CARL SMITH**, a resident of Franklin, Williamson County, Tennessee, do publish and declare this to be my Last Will and Testament; hereby revoking all Wills and Codicils or other testamentary dispositions heretofore made by me.

I. Family

At the time of execution of this Will, I am married to **CHERYL GWEN SMITH**, and I refer to her in this Will as my "wife". We have two (2) children, **ERIK MICHAEL SMITH** and **MARK ALLEN SMITH**. Whenever I refer to "child" or "children", I am referring to these children.

My father, **ALLEN EDWIN SMITH**, who preceded me in death, was born January 21, 1931, and died March 28, 2010. My mother, **MARY L. GALLUP**, who preceded me in death, was born January 1, 1933, and died October 4, 2014.

II. Payment of Debts, Expenses and Costs

I direct that all of my legal debts (except debt secured by a mortgage or other security instrument, which may be paid or retained in the discretion of the Executor), funeral expenses, expenses of my last illness and for the administration of my estate be

Page 1 of my Will



paid as soon as practicable after my death. My Executor, in her sole discretion may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

III. Payment of Taxes

I direct that there shall be paid out of my residuary estate without apportionment, all estate, inheritance, succession and other taxes assessed by reason of my death imposed by the government of the United States, or any state or territories thereof, or political subdivision thereof in respect of all property required to be included in my gross estate for like tax purposes by any such governments, whether the property passes under this Will or otherwise, without contribution by any recipient of any such property.

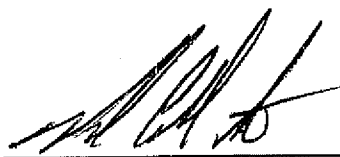
IV. Special Bequests / Instructions

It is my intent to leave a signed and dated last letter of instruction with this Will. If I leave such a letter, I direct my Executor to follow any instructions I leave with respect to any ownership I may have in **EMMA SALES, LLC**.

V. Bequest of Residuary Estate

I give, devise and bequeath all the rest, residue and remainder of my estate, including all property which I may acquire or become entitled to after the execution of this Will, all lapsed legacies and devises and all life insurance payable to my estate to my wife, **CHERYL GWEN SMITH**.

If my wife predeceases me, then I give, devise and bequeath my entire residuary estate to my children, in equal shares, per stirpes, subject to the provisions herein. If any child of mine shall have attained age thirty (30), I direct my Executor to pay such child's share to the child absolutely and in fee. In the event one or more of my children are under the age of thirty (30), I direct my Executor to pay such child's share to my Trustee, named herein, to be held and administered in accordance with Article VI



used for tuition, housing, books, and reasonable living expenses.

3. Distributions of Income and Principal. When each child attains the age of twenty-five (25) or graduates from college with a baccalaureate degree, whichever occurs first, the Trustee shall distribute fifty percent (50%) of the then remaining principal and any accumulated income of their share of the trust to such child absolutely and in fee. When a child attains age thirty (30), I direct my Trustee to pay such child the remaining balance in such child's trust, and the trust for that child shall terminate. If any child should die before the final distribution of their trust, then the undistributed principal and any accumulated income shall go to their issue, per stirpes. If any child should die without issue prior to distribution of his or her share, his or her share shall go in equal shares, if appropriate, to any surviving siblings, per stirpes. If any of my children's issue take under this provision and have not reached the age of thirty (30), then their share shall continue to be held in trust and shall be administered and distributed in accordance with the provisions of this Article VI of my Last Will and Testament.

4. Spendthrift Provision. The interest of the beneficiary under the trusts created in my Will shall not be grantable, transferable or otherwise assignable by anticipation, except to the extent specifically provided herein, nor shall such interest be subject to the claims of any creditors of any beneficiary; and, except as provided in this paragraph, the Trustee shall continue to pay such income or principal, as the case may be, directly to or for such beneficiary, notwithstanding any transfer, assignment, conveyance, or action by creditors. No spouse, or person claiming to be the spouse, of any beneficiary of my Will shall have any right or claim to the principal or the income of any trust. No part of either principal or income shall be subject to attachment, garnishment, execution, receivership or trustee's process; and, in the event that any such process shall be served upon the Trustee, the right of any beneficiary, in respect of whose interest such process is attempted, to receive either income or principal shall terminate until such process shall be released and discharged. Provided, however, that



the Trustee may make advances from either principal or income directly to the beneficiary or to third parties for the support, maintenance, health and education of such beneficiary as the Trustee, in his discretion, may deem wise and proper under the circumstances.

5. **Termination of the Trust.** My Trustee in his sole and absolute discretion may terminate the trust(s) created hereunder when in his opinion the principal amount does not warrant the cost of continuing the trust(s), or its administration would be otherwise impractical. Upon such termination, my Trustee shall pay over the then remaining balance in such trust(s) to or for the benefit of the beneficiary.

6. **Minority and Disability Provisions.** My Executor and my Trustee may make payments and distribute property under the provisions of this Will on behalf of any minor or incompetent beneficiary to any person having the care, custody, or control of said beneficiary or to any other person my fiduciary may deem proper; or directly to said beneficiary, without the necessity of the intervention of a legally appointed guardian, and without any duty on the part of my fiduciary to supervise or inquire into the application thereof.

VII. Powers of Executor and Trustee

My Executor and Trustee hereunder shall have in addition to, but not in limitation of those elsewhere given in this instrument or by law, the powers and exemptions, all of which may be exercised without any order of or report to any court, set forth in §35-50-110 subparagraphs 1 through 33 inclusive, of the Tennessee Code Annotated, and reference is expressly made thereto, as if fully and completely copied herein and to §35-50-109 which authorizes such reference, it being my intention that my Executor and Trustee shall have all powers and exemptions therein set out.

Should Tennessee Code Annotated §35-50-110 be amended in any particular way or repealed subsequent to the date of this, my Last Will and Testament, my intention is that my fiduciaries shall nevertheless have the powers contained in that

A handwritten signature in dark ink, appearing to be 'MCH', is written over a horizontal line.

Section as of the date of this, my Will, as herein granted to such fiduciary notwithstanding any such amendment or repeal.

VIII. Appointment of Guardians

In the event it becomes necessary to appoint a Guardian for **MARK**, then I hereby appoint my son, **ERIK MICHAEL SMITH**, as Guardian of the person and property of one or more of **MARK**, to have exclusive control of his custody, care and education and the complete and exclusive management of his estate and to use whatever portion of said estate for the health, education, and general welfare as he deems necessary. My Guardian, in his absolute discretion, may move **MARK** to the Guardian's state of residence.

IX. Appointment of Executor and Trustee

I hereby appoint my wife, **CHERYL GWEN SMITH**, as Executor of this my Last Will and Testament and I authorize her to do any and all things which in her opinion are necessary to complete the administration and settlement of my estate. In the event that she does not survive me or for any other reason fails to qualify as Executor of this my Last Will and Testament, or having qualified, thereafter for any reason shall cease to act, then I appoint **GLENN ALLEN SMITH** as alternate Executor of this my Last Will and Testament with all the duties, rights, powers, liabilities, privileges and immunities which are given to my wife. I further appoint **GLENN ALLEN SMITH** as Trustee of all trusts which may be created hereunder. In the event that **GLENN** does not survive me or for any other reason cannot serve as Trustee, then I appoint my wife's sister, **PATTI OWEN**, as alternate Trustee. I direct that no bond or other securities shall be required of any of the above named fiduciaries, the Executor, the Trustee or the Guardians for the faithful performance of their respective duties. I further direct that the Trustee may remove the situs of the Trust to another jurisdiction for the Trustee's convenience. Pursuant to Tennessee Code Annotated, §30-2-301 and §30-2-601, I excuse the



requirements for making and filing an inventory and court accountings of my probate estate.

X. Common Disaster

Notwithstanding anything to the contrary contained in any statute or legal presumption, and unless otherwise provided in connection with any specific bequest contained in my Will, should my wife and I die under such conditions that there is insufficient evidence to determine which of us died first, or that we died other than simultaneously, all of my property passing under my Will shall be disposed of as if my wife had survived me.

XI. Meaning of Terms

Throughout this Will, the masculine gender shall be deemed to include the feminine, and vice versa, and the singular shall include the plural, and vice versa. "Per stirpes" means that the person's children and grandchildren take the parents' share by right of representation.

IN WITNESS WHEREOF, I hereunto subscribe my name to this my Last Will and Testament, consisting of this and six (6) preceding typewritten pages, this 13 day of October, 2015. In the presence of each and all the subscribing witnesses whom I have requested to act as such by signing their names as attesting witnesses in my presence and in the presence of each other and by signing the affidavit below pursuant to the provisions of Tennessee Code Annotated §32-2-110.



MICHAEL CARL SMITH

Page 7 of my Will




Witnesses:

Martin P Elpers residing at Brentwood TN

A. Anderson residing at Nashville TN
100515P409WI

Page 8 of my Will



AFFIDAVIT

STATE OF TENNESSEE

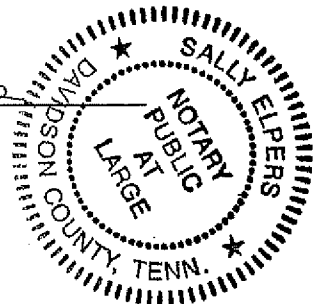
COUNTY OF WILLIAMSON

The undersigned, Philip Anderson and Marvin P. Elpers being first duly sworn, make oath that **MICHAEL CARL SMITH**, on the 13 day of October, 2015, declared and signified to us that this instrument is his Last Will and Testament; that he then signed said instrument in our sight and presence; that we, at his request and in his sight and presence and in the sight and presence of each other, then subscribed our names hereto as attesting witnesses; that at the time of execution the Testator was more than 18 years of age, of sound mind and disposing memory, and did not appear under any undue influence; and that the undersigned, each being more than 18 years of age, make and sign this Affidavit at the Testator's request on the day and date above written.

Philip Anderson
Marvin P. Elpers

Sworn to and subscribed before me this 13 day of October, 2015.

Sally Elpers
Notary Public



My Commission Expires:
3-8-16

STATE OF TENNESSEE

Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER **2018 053298**

DECEDENT	1. DECEDENT'S LEGAL NAME MICHAEL CARL SMITH					2. SEX MALE		3. DATE OF DEATH 09/24/2018	
	4. TIME OF DEATH (Approx.) 10:09 AM		5a. AGE 54		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH 10/01/1963
	7. BIRTHPLACE PRESTON, CT								
	8a. PLACE OF DEATH ER/OUTPATIENT								
PARENTS	8b. FACILITY NAME WILLIAMSON MEDICAL CENTER				8c. CITY OR TOWN FRANKLIN			8d. COUNTY OF DEATH WILLIAMSON	
	9. MARITAL STATUS MARRIED		10. SURVIVING SPOUSE (name prior to first marriage) CHERYL GWEN DICUS			11a. DECEDENT'S USUAL OCCUPATION OWNER/OPERATOR		11b. KIND OF BUSINESS/INDUSTRY MUNICIPAL WATER	
	12. SOCIAL SECURITY NUMBER 410-29-6856		13a. RESIDENCE STATE OR FOREIGN COUNTRY TENNESSEE			13b. COUNTY WILLIAMSON		13c. CITY OR TOWN FRANKLIN	
	13d. STREET AND NUMBER 1211 STONEY POINT LN.		13e. INSIDE CITY LIMITS? YES		13f. ZIP CODE 37067		14. WAS DECEDENT EVER IN US ARMED FORCES? NO		
DISPOSITION	15. DECEDENT'S EDUCATION BACHELOR'S DEGREE		16. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO			17. DECEDENT'S RACE WHITE			
	18. FATHER'S NAME ALLEN EDWIN SMITH				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARY GALLUP				
	20a. INFORMANT'S NAME CHERYL SMITH		20b. RELATIONSHIP TO DECEDENT WIFE		20c. MAILING ADDRESS 1211 STONEY POINT LN., FRANKLIN, TN 37067				
	21a. METHOD OF DISPOSITION CREMATION		21b. PLACE OF DISPOSITION SPRING HILL MEMORIAL PARK, FH & CREM			21c. LOCATION SPRING HILL, TN			
REGISTRAR	22a. SIGNATURE OF FUNERAL DIRECTOR for AMANDA LEIGH MARLIN		22b. LICENSE NUMBER 6272		22c. SIGNATURE OF EMBALMER		22d. LICENSE NUMBER		
	23a. NAME AND ADDRESS OF FUNERAL HOME WILLIAMSON MEMORIAL FUNERAL HOME AND CREMATION SERVICES, 3009 COLUMBIA AVE, FRANKLIN, TN 37064		23b. LICENSE NUMBER 615						
	24. REGISTRAR'S SIGNATURE for EDWARD G. BISHOP III				25. DATE FILED 09/26/2018				
	26. CERTIFIER								
CERTIFIER	26a. <input checked="" type="checkbox"/> PHYSICIAN: TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.								
	26b. <input type="checkbox"/> MEDICAL EXAMINER: ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.								
	27a. CERTIFIER for THOMAS H. CALLAWAY				27b. LICENSE NUMBER 017839		27c. DATE SIGNED 09/26/2018		
	27d. NAME AND ADDRESS THOMAS H. CALLAWAY 222 22ND AVENUE NORTH, NASHVILLE, TN 37203								
MEDICAL CERTIFICATION	28. PART I: ENTER THE CHANCE EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.							APPROXIMATE INTERVAL: ONSET TO DEATH	
	IMMEDIATE CAUSE First disease or condition resulting in death. Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.							MINUTES	
	a. VENTRICULAR ARRHYTHMIA DUE TO (OR A CONSEQUENCE OF)							54 YR	
	b. AORTIC VALVE DISEASE DUE TO (OR A CONSEQUENCE OF)								
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I): HYPERTENSION								29a. WAS AN AUTOPSY PERFORMED? NO	
30. MANNER OF DEATH NATURAL								29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
31. DID TOBACCO USE CONTRIBUTE TO DEATH? NO		32. IF FEMALE:							
33. IF TRANSPORTATION INJURY, SPECIFY:		34a. DATE OF INJURY		34b. TIME OF INJURY		34c. INJURY AT WORK?		34d. PLACE OF INJURY	
34e. DESCRIBE HOW INJURY OCCURRED				34f. LOCATION OF INJURY					

PH-1059 (Rev. 8/2017)

RDA-10112

10247183

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq.; Vital Records Act of 1977.

Edward G. Bishop III
Edward G. Bishop III
State Registrar

John J. Dreyzehner MD, MPH, FACOEM
John J. Dreyzehner MD, MPH, FACOEM
COMMISSIONER

10247183
Date Issued
SEP 27 2018

CERTIFICATION OF VITAL RECORD

PATENT

RECORDED 07/08/2021

REEL 056795 FRAME 0478